STATE OF MAR	RYLAND—CERTIFIC	CATE OF	DEATH
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45257

1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Wicomics	Registration Dist. No. 337.
Village Dr City Sivale (If Length of residence in city or town where death occurred mos	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME (a) Residence: No. (b) (Usual place of @bode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE OR DIVORCED (write Will word) This word)	21. DATE OF DEATH 5- /2 , 193 3/2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Catherine Anderso	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day,hrs. Ormin.	I last saw h alive on 19.3%; death is said to have occurred on the date stated above, at 8.7 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and specific property).	The playing Data of onset
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spant in this occupation occupation.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	Cuter Continuous Canada of Importance.
13. NAME Thomas suderson 14. BIRTHPLACE (city or town) Bivalye (State or country)	Name of operation Date of
(State or country) 15. MAIDEN NAME X Journal Street 16. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an au'opsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?
17. INFORMANT Thaynah & Shotty Comm.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 5/14/3/19	Manner of injury
19. UNDERTAKER 2210. C.S. Mesgelf offices (Address) Sival nd.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
20. FILED/Mars 14. 1934 Or. Woodford Walle	(Address) D. T. L. M. J

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	7 4		
Other contributory causes of importance:	.,,, 0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

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TATE	OF	MARYL	AND-	-CERT	IFICA	TE	OF	DEA	TH
THE					(4)	3			

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13	13	5	5	7
U	U	U	V	1

1. P	PLACE OF DEATH	
	County Wiconyca	Registration Dist. No. 332) /
	Village or City Williams Med P. F.D	, No. St Ward
	Length of residence in city of town where death occurred 55 yrs. // mos.	death occurred in a horpital or institution, give its NAME instead of street and number) Ods. How long in U.S. if of foreign birth?yrsmosds.
		US. 110W long in U. S. ii VI lucign Ditth:
	FULL NAME A CALL SAN	St. Ward.
	(a) Residence: No. Welland Marylans (Usual place of abody)	1 St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	1. COLOR OR RACE OR DIVORCED (write the word) Nale White Married	21. DATE OF DEATH (Month) (Day) (Year)
HU	narried, widowed, or divorced USBAND of Latter H. Baker	22. I HEREBY CERTIFY, That I attended deceased from
6. DATI	E OF BIRTH (month, day, and year) 6-8-1878	I last saw herealive on Zeray 16 , 1937; death is said
7. AGE	Years Months Days If LESS than	to have occurred on the data stated above, Al-45 Cm.
	56 11 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows: Oate of onset
NOIT 8.	Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc	The There
A J	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Dance Clare
D) 10.	Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation like	
	THPLACE (city or town) Maril Land	Other Contributory Causes of importance:
~	NAME Thoma Th. Boles	
E	BIRTHPLACE (city or town) - Wann Sand	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
표 15.	MAIOEN NAME Mary El Baker	23. If death was dua to external causes (VIOLENCE) fill In also the following:
Proc.	BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFO	ORMANT Mr. Jattie To. Bahle (Address) 712 Marsh Marsh 1970	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE,
18. BUR	RIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Vellselle Centrola 3/ 8 ,1934	Nature of injury
6	DERTAKER P. M. Watern & Son (Address) Sellowelle Delawas	24. Was disease or injury in any way related to occupation of deceased?
-	Jay 17 34 Lillian P Lavis	(Signed) League 17 3 M. D.

V. S. No. 1

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I Example Il The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5,1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

-	Ate .	STATE OF MARYLAND	CERTIFICATE OF DEATH 05359	
M	ould state	1. PLACE OF DEATH	Mann 9	
		County Milomila	Registration Dist. No. 333	
2	= =	Village or City Sahihang Maryland	(No. 303 Junt St 5 W	ard
C)		length of residence in city or town what death	(If death occurred in a hospital or institution, give its NAME instead of street and number)	
0	Every CIANS ement	Length of rasidence in city or town whole death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmos	_ds
1	RD. Every YSICIANS statement	2. FULL NAME COMMUNA BULLE	Dacendo	
		(a) Residence: No. 3 0 3 (Usual place of abode)	St. Ward. If nonresident give city or town and State	
0	RECO . PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
	RE Exa	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWE	D. 21. DATE OF DEATH Que	
rk	L'Y	Semale White OR DIVORCED (write the wor	(Mopth) (Day) (Year)	
Z	RMANENT X A C T L Y classified.	5a. If married, widowed, or divorced HUSBAND of		
Ö	A A assi	(or) WIFE of	22. Charles and the state of th	rom 42
BINDIN		6. DATE OF BIRTH (month, dey, and year) Snarch 14, 19	3 lest saw h dry alive on May 6 1923 4 doesh is	eal.
	d d l	7. AGE Years Months Days If LESS th.	an to heva occurred on the date steted ebove, at 150 Pm.	sait
FOR	IS A PE stated E properly certificate	0 / 22 1 day,		
		_ 8. Trade profession or particular	Date of on	set
日日	HIS be be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Browsho Preman 1/5/	35
RV	NK—T should it may n back	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc		
RESERVED	Sh sh ut	0 10. Date deceased last worked at 11. Total time (years)		
いい	T T	this occupation (month and spent in this occupation occupation		
	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	/
RGIN	AD ed.	(State or country) Salisty Maylar	Mooning Long 1/19	3
R	UNFA supplied a terms, ee instra	13. NAME // Claim for Batches 14. BIRTHPLACE (city or town) Churchiter (State or country)	<u> </u>	-/
		14. BIRTHPLACE (city or town).	Name of operation Date of	
	E find	C (State of Country)	Whet test confirmed diagnosis? Was thera an autopsy?	
	WIT efull in pl ant.	I 15. MAIDEN NAME // MULTINE	23. If death was due to external causes (VIOLENCE) fill in also tha following:	
		16. BIRTHPLACE (city or town) Salvahary (State-or country)	Accident, suicide, or homicide? Date of injury, 19	
	INLY, be ca EATH import	A.W. T. Dotto	Where did injury occur? (Specify city or town, county and State)	
	PLA hould OF DI	17. INFORMAN Alliam H. Balling (Address) 303 June 1	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
	Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
	F	Place Rugno Com. Dat May 8. , 19-	Nature of injury	
	WRITE mation sl CAUSE CTION is	19. UNDERTAKER Hollowey + Co.	24. Wes disease or injury in any way related to occupation of deceased TWO	
70. 1	LECE	(Address) faller mg	If so, specify	
S. No.	m A	20. FILED May 8 134 & May him	es (Signed) There R Mann	1. D
A.	Z U	Registra		
		If more blanks are needed, address State Regi.	strar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05360
1. PLACE OF DEATH	186-2
County Micanian	Registration Dist. No. 333
	(P. 1. 1) 11
Village or City Thursday	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Jays G	Cashhard
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (sprite the word)	21. DATE OF DEATH 17 193 7
5a. If marriad, widowed or divorcad	(Month) (Day) (Year)
HUSBAND of May Ellen Blacken	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF DIDTH (mostly day and was)	Hast saw h and alive on May 17 19 Jul death is said
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12. HS7.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	ware as follows: Date of one ot
kind of work done, as SPINNER.	1 hinth
SAWYER, BOOKKEEPER, atc.	Vollage Vollag
work was dona, as SILK MILL, SAW MILL, BANK, atc.	
10. Date deceased last worked at I1. Total time (years)	and Entres
this occupation (month and spant in this occupation year)	
Il Notine	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Teachtrail 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury 3/12.19.34
State or country)	Where did injury occur? All Marchen es!
Re. Be. Sh. 1	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Addrass) (Addrass)	Specify whether injury occurred in INDUSTRI, in HOME, of the PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	M
Place Sudletue My Date May 19 1934	Manner of injury
1	Nature of injury.
19. UNDERTAKER Degrand The Length A.	24. Was disease or Injury in any way related to occupation of decoased?
(Address) And Ail my	If so, specify
20. FILED May 17 1934 G. May Tuhne	(Signed) M. D.
Registrar.	(Address) takenty had

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

1. PLACE OF DEATH	/ WARTEARD		1001
County Hinour	sed	Registration Dist. No.	333
Village or City Sales &	1	No. Let View Well Well Well Well Well Well Well We	-
2. FULL NAME 9 - for (a) Residence: No. Hely	I Bircki	St., Ward. Hebron med	/
PERSONAL AND STATIST	(Usual place of abode)	1f nonresident give city or town and S MEDICAL CERTIFICATE OF DEATH	tate
3. SEX Male Color OR, RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Month) (Day)	193 (ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. 1 HEREBY CERTIFY, That I attended de	eceased from
6. DATE OF BIRTH (month, day, and year)	may 16, 1934	Hast saw h. alive on / ploom 6-410 aus	death is said
7. AGE Years Months	Days If LESS than 1 day. hrs. or min.	THE TRICTION CAUSE OF DEATH and related causes of importance	Oate of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc		Dhiel born	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc			
10. Date deceased last worked at this occupation (month and year)	11. Total tima (yaars) spent in this occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Salign	Myry, J. D. Mos	infal	
13. NAME hauge	and Handy	Name of oparation Oate of	
(State or country)	had.	What tast confirmed diagnosis? Was there an au	topsy?
15. MAIOEN NAME Much	Dusell	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
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17. INFORMANT Linging	ig Birkett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OR REMOVAL Place Hackawalks	in Daje May 1/193;	Manner of Injury	
19. UNOERTAKER Jagussel (Addiess)	Ly Jud Jagun	24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED May 17, 19 34	r. May Muste	(Signed) Jalibury ma	M. [

STATE OF MARYLAND-CERTIFICATE OF DEATH

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RURPALLO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH (a) Registration Dist. No. 35 Village or City. 100 May 100			TATE	OF MAD	VI AND	CERTIFICATE OF DEATH 05	362
County Milage or City White Manager City of Section Dist. No. 33 Length of rasidance in city or town where death occurred. Length of rasidance in city or town where death occurred. (If death occurred in a horpital or institution, give in NAME instead of sincet and analysis of the county of th				JF MAK	YLAND-	CERTIFICATE OF DEATH	
Village or City Willage or City or town and State Willage or City Willage or City or town what and sunders dath occurred on the City Willage or City or town what and sunders dath occurred on the City Willage or City Willa		DV. D	TH Y			(131)	,
Length of rasidance in city or town where death occurred. 2. FULL NAME (a) Residence: No. Advance of the company of the comp			3/.	010	<i>f</i>		
Langth of rasidance in city or town where death occurred to the control of the co		Village or City	veren	- //19	.,	ND. St.,	Ward
(a) Residence: No. Selection (Chambase perhode) PERSONAL AND STATISTICAL PARTICULARS S. S		Length of rasidance in	city or town whera	death occurred			
Clusia place plabode Clusia place plabode Clusia place plabode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		2. FULL NAME	Deorg	e M.	larm	ine	
Clusia place plabode Clusia place plabode Clusia place plabode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		(a) Residence: No.	Helich	~ ma	urland	St 13 Ward	
3. SEX 4. CÉLOR OBYRACE OLIVORCED CAME WIDOWED, OLIVORCED CAME WORKED CAME OF SEX II MANIFER WIDOWED, OLIVORCED CAME IN FORCE CA	_				4	If nonresident give city or town and S	State
Sa. If married, widowed, or divorced HUSANO (Coars) REDATE OF BIRTH (month, day, and year) ARE Years Months Days If LESS than 1 to have occurred on the date stated above, at. In. 30 A.m. The PRINCIPAL CAUSE OF DEATH and related coases of importance were as follows: B. Frade, profession, or particular Mind of work done, as SPINNER, bline of the month and the state of the state	-			1			
Sa. If married, widowed, or divorced HUSBAID or Carnina (Page 11 attended decasas of trom the HUSBAID or Carnina (Page 11 attended decasas of trom the HUSBAID or Carnina (Page 11 attended decasas of trom the HUSBAID or Carnina (Page 11 attended decasas of trom the HUSBAID or Carnina (Page 12 attended decasas of trom the HUSBAID or Carnina (Page 13 attended decasas of trom the Actor the HUSBAID or Carnina (Page 13 attended decasas of trom the HUSBAID or Carnina (Page 13 attended decasas of trom the HUSB	3.	Male 1	OR OB RACE	OLONORCE	D (write the word)	may. 18	193. 7
6. DATE OF BIRTH (month, day, and year) MAL. 7, 1867 7. AGE Years Months Days If LESS than I day	5a.	HUSBAND of	rorced	0			(Teal)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than If day,		(BF) WIFE-OF	nnie	· Car	nine		ecaasad from
7. AGE Years Months Days If LESS than I day	6.	DATE OF BIRTH (month, da	av and year)	Jan. 1	7 1867	n n n	, 19.5
8. Trade, profession, or particular kind of work done as SPINNER. But you will be seen as follows: SAWYER, BOKKEPER, etc	-		1	Days	If LESS than	1, -	death 12 2ald
State or country Stat		67	2	/		The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11D. Date deceased iask worked at this occupation (month and yas) 12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, OREMATION, DR REMOVAL Place Date	z	8. Trade, profession, or printed of work done	particular	2-1. 0=	7.	note as futions.	Date of onset
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(State or country) 13. NAME	12	RIRTHPL ACE (city or town	near	Lain	-1	Other Contributory Causes of importance:	
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Piace Flavor Poll. Date May 20, 1934 19. UNDERTAKER Atlanty to proceed the second of	17.		ruf	Carn		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Œ.
19. UNDERTAKER Afflowing + Color (Addrass) 24. Was disease or injury in any way related to occupation of decaasad? if so, specify (Signed) William Emmel M. D. Registrar. (Addrass) Helling M. D.	f8.	BURIAL, CREMATION, DR	REMOVAL	Ina	91 211	Manner of injury	
20. FILED May 20, 1974 July 2 Mualla (Signed) William Emulie M.D. Registrar. (Addrass) Helium M.D.		Piace/ Comment	WIII.	Date_//Org	20,1937	Nature of Injury	
20. FILED May 20, 1934 Just m Walls (Signed) William Emnile M. D. Registrar. (Addrass) Helium ms.	f9.		Loway	+ 60	J		
	20,	Marcha	1934	wo & m	n Walla	(Signed) William Emile	M. D.
		1	If more	blanks are needed. a	The state of the s		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A BURNEAU V. S.	10		
Other contributory causes of importance:		Other contributory causes of importance:	THE HILL
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

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STATE OF MARYLAND-	CERTIFICATE OF DEATH 0536
County Allemaco	Registration Dist. No. 3.3.7
Village or City Justinville	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds, How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1934, to may 1934
6. DATE OF BIRTH (month, day, and year) april 17 /880	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at_\
(5-4) 2 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related caused of importance
9 Trade profession or portionles	Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and	of Carolina of reports,
10. Date decessed last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 9	Durstign: 12 months.
12. BIRTHPLACE (city or town) 25 assisting fry (State or country)	Other Contributory Causes of Importance:
1 Sylventer	Stemonhag bropey.
13. NAME / NAME / STATE / STAT	Name of operation Date of What test confirmed diagnosis? Was there an eu'opsy?
15. MAIDEN NAME Sundbeth ?	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19

19. UNDERTAKER (Address)

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT .. (Address)

> Nature of injury If so, specify

(Specify city or town, county and State)
Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

(Signed)

Where did injury occur?.

Manner of Injury

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No.	
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	115364
County Mulamila	Registration Dist. No. 337
Village or City Wettinguen mid	No. St., Ward
(lí	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred. 20yrs,mos.	ds. How long la U. S. If of foreign birth?yrsmosds.
2. FULL NAME John Honaway	
(a) Residence: No. MULTI- (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 5 / 1 34, 193, (Year)
5a. If merriad, widowed, or divorced HUSBAND of (or) WIFE of Hereulla Conaway	22. J I HEREBY CERTIFY, That I attended dacased from
6. DATE OF BIRTH (month, day, and year)	I vast saw h alive on Many LL , 19.35; doath is said
7. AGE Pears Months Days If LESS than 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	aut Slomenla Date of one et
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dala deceased last worked at this occupation (month and	
10. Data deceased last worked at this occupation (month and year) 11. Total time (years) 11. Total time (years) 12. Total time (years) 12. Total time (years) 13. Total time (years) 14. Total time (years) 14. Total time (years) 15. Total time (years) 16. Total time (years) 16	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) While Have (State or country)	7
13. NAME Efferm Conquery	
13. NAME Conouncy 14. BIRTHPPACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Schoolule Wielt	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Weth frame (Stata or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Les Brasen (Address) Wellinger mad	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Place Welfingen Common Oate June 14, 1937	Manner of injury
19. UNDERTAKER James & Slewart. (Address) Salvaluese and	24. Was disease or Injury In any way related to occupation of deceased?
20. FILE Disse 14, 1934 P. Boolford Walte	(Signed) M. O. (Address) M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groccry store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	xample I		Example II	
The principal cause of dea of importance were as foll	th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	301 6 3534	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREULV.	July 5,1927	Peritonitis	3 days ago
	•			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year.

STATE OF MARYLAND-CERTIFICATE OF DEATH

05365

County Wilage or City	1. PL/	ACE OF DEATH		Can	
Village or City	Col	unty Twisomics	U THE STATE OF THE	Registration Dist No. 1333	3
Length of residence in city or town where death occurred	/	~ . //	med.	No. St /b	Ward
2. FULL NAME (a) Residence: No. (Dunulplace of abde) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE 5. SINGLE MARIED, WIDOWED, OR DIVORCED (write tha word) 5a. If marriad, w'dowed, or divorced HUSBAND of (Or) Wife of Or) Wife of Or) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months (Bays 11 LESS than I day, hrs. or, min. 1 day, hrs. or, min. 8. Trada, profession, or particular word, or down, done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BANK, etc. 10. Data decessed last worked at this occupation (month and 25) 11. Total tima (years) spant in this occupation (month and 25) 12. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au'opsy?	Len	igth of residance in city or town where d	aath occurredyrsmos	How long in U.S. if of foreign birth?	de
(a) Residence: No. (Usual piece of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED Variet the word) 5a. If married, widowed, or divorced HUSBAND of (Or) WIFE of (0 /	it nochil		
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIFD, WIDOWED, OR DIVORCED (*write tha word) 5a. If marriad, widowed, or divorced HUSBAND of Corp. Wife o			as sugarfield	1	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced NUSSAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Pays If LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAVYER, BOOKNEEPER, etc. SAVYER, BOOKNEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAVYER, BOOKNEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAVYER, BOOKNEEPER, etc. 9. Industry or business in which occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) Call 13. NAME 14. BIRTHPLACE (city or town) Call 15. Save and call 15. Single, Marrier by Wide test confirmed diagnosis? Was there an autopsy?	(a)	Residence: No.	(Usual place of abode)		
3. SEX 4. COLOR OR BACE OR DIVORCED write the word) 5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or. min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAW MILL, BANK, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at this occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) State or country) What test confirmed diagnosis? Was there an au'opsy? What test confirmed diagnosis? Was there an au'opsy?	PE	ERSONAL AND STATISTI	The state of the s		
5a. If marriad, widowed, or divorced HUSBAND of Corp WIFE of Contributory Causes of importance with a state of the contributory Causes of importance: 5a. If marriad, widowed, or divorced HUSBAND of Corp WIFE of C	3. SEX	4. COLOR OR RACE			,
NUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than I day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work adone, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at this occupation (month and year) occupation (State or country) 12. BIRTHPLACE (city or town) State or country) 13. NAME 14. BIRTHPLACE (city or town) State or country) Name of operation Name of operation Name of operation What test confirmed diagnosis? Was there an au'opsy?	So II man	ace gor.	Widower	(Month) (Day) (Yea	ar)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Bays If LESS than I day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation. Name of operation. What test confirmed diagnosis? Was there an au'opsy?	NUSB	AND of	0 1 11	22. I HEREBY CERTIEV That I attended deserved	from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day, hrs. or min. 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation Name of operation Name of operation What test confirmed diagnosis? Was there an au'opsy?	(01)	1 osana	Maskield	afine 7 1934 10 may 8 12	-
7. AGE Years Months Days II LESS than I day	6. DATE O	F BIRTH (month, day, and year)	Inher 1 1218		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au'opsy?	7. AGE	1	Days If LESS than		2 2410
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au'opsy?		85 6		The PRINCIPAL CAUSE OF DEATH and related causes of importance	
this occupation (month and 125 spant in this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation What test confirmed diagnosis? Was there an au'opsy?	8. Tra	ada, profession, or particular	20/	were as follows:	onset
this occupation (month and 125 spant in this occupation. Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation What test confirmed diagnosis? Was there an au'opsy?	5	SAWYER, BOOKKEEPER, etc	ardner	Desulity	
this occupation (month and 125 spant in this occupation. Other Contributory Causes of importanca: 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation What test confirmed diagnosis? Was there an au'opsy?	9. Ind	dustry or business in which			
this occupation (month and 125 spant in this occupation. 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation What test confirmed diagnosis? Was there an au'opsy?	5 3			antonia pelerasia, de 20	
12. BIRTHPLACE (city or town) (State or country) 14. BIRTHPLACE (city or town) (State or country) Name of operation Name of operation What test confirmed diagnosis? Was there an au'opsy?	0	this occupation (month and / 4 7	spent in this		
14. BIRTHPLACE (city or town) Make the state of the state of country) Name of operation Data of		year)	ocaupation		
14. BIRTHPLACE (city or town) Name of operation Name of operation Data of What test confirmed diagnosis? Was there an au'opsy?	12. BIRTHP		elland		
14. BIRTHPLACE (city or town) Name of operation Name of operation Data of What test confirmed diagnosis? Was there an au'opsy?	(518		na in the second	Ween of leg/.	
(State or country) What test confirmed diagnosis? Was there an au'opsy?	13. NA	ME WM. Mo	Vastrill	D 1	
What test confirmed diagnosis? Was there an au'opsy?	4 14. BIR		estray,	Name of operation Data of	
15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) fill in also the following:	~	(State or country)	ella		
	ш 15. MA	IDEN NAME	+ Know	23. If death was due to external causes (VIOLENCE) fill in also the following:	
25. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	5 16. BIR	RTHPLACE (city or town)	4		
(State or country) Where did injury occur?	Σ	(State or country)	//	Where did injury occur?	
			Gerly 11	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT AND	18. BURIAL	CREMATION, OR REMOVAL	2 4 44	Manner of injury	
		Struttand Mc	Date May 10, 1934		
19. UNDERTAKER Office College of the Superior of deceased? 24. Wes disease or injury in any way related to occupation of deceased? 200	19. UNDERT	7	ssight Jopes	24. Wes disease or injury in any way related to occupation of deceased? 200	
May 8 24 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	may 8 24	L Day	10 toler - Color - Color	
20. FILED 1907 May May (Signed) (Address) July M. D.	S 20 FHED	1901	· May himses	(oighed)	. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

N. B.

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To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of dcath and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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	County	אך נע	licomico)		Registration Dist. No. 331	2,2, 4
	Village or (ityE	lebron			No. St., f death occurred in a hospital or institution, give its NAME instead of street an	Wa
	Length of res	dence in o	city or town where	death occurred	l) :mo:yrs,mo:	t death occurred in a hospital or institution, give its NAME instead of street and including the long in U.S. if of foreign birth?yrs,yrs,	d number) .mos
2							
						St., Ward.	
	PERSON	IAL AN	ND STATIST	(Usual place		If nonresident give city or town at MEDICAL CERTIFICATE OF DEATH	
3. 5		4. COL	or or race	5. SINGLE, MAR	RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH May 20.	, 193.4
5a.	If married, widow HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I ettande	
6. I	DATE OF BIRTH	month da	ev and year)	May 20.	1934	I last saw h elive on	,
7. /			Months	Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at \(\text{S}_\alpha \) \(\text{S}_\text{L} \) _m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
TION	8 Trade profession or particular					STILLBORN 5 mo.	Date of on
OCCUPATION	9. Industry or work wa SAW MII	business i s dona, as L. BANK.	n which SILK MILL, etc				
000	10. Data deceas this occu			11. Total ti sper	ima (years) nt in this upation		
12.	BIRTHPLACE (ci (State or cou	ty or town) ntry)	Hebr	con, Md.		Other Contributory Causes of importance:	
HER	13. NAME	C	tho Das	shiell			
FATHER	14. BIRTHPLACE (State or		own)	oron. Md		Name of operation Date of	
ER	15. MAIDEN NA		-			What test confirmed diagnosis? Was there are 23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	15. MAIDEN NAME Maggie Brown 16. BIRTHPLACE (city or town) (State or country) Hebron. Md.				•	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	INFORMANT (Address)	C	the Das	shiell		(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	tate) PLACE,
18.	BURIAL, CREMAT			Date_May	- 22, 19. 34	Manner of injury	
19.	UNDERTAKER(Address)		Otho Da	ashiell Hebro	n	24. Was disease or injury in any way ralated to occupation of daceased?	
		07	F 4 30	s. J.M.		(Signed)/MO & ///. Halley	1600

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	d-common	Example M
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and nated causes Date of onset of importance were as follows:
Arteriosclerosis	1915	Attack of epilepsy
Chronic interstitial nephritis	1921	Run over by street car / week age
Cerebral hemorrhage	July 5,1927	Peritonitis 3 days age
		3 3 5
Other contributory causes of importance:		Other contributory causes of important
Gallstones	May 1,1923	Gastroenteritis 1 year

V. S. No. 1

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1	ite	S	of	
	RD. Every	YSICIANS	statement	
	T RECO	, У. РН	Exact	
DATION	RMANEN	XACTI	classified.	
TOTA	IS A PE	stated E	properly	certificate
1	HIS	be	pe	Jo
DATIONATION OF A PROPERTY AND A PROPERTY.	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	-WRITE PLAINL	mation should be	CAUSE OF DEAT	TION is very impo
	I. B.	(T)
	1		-	-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05367
1. PLACE OF DEATH	92-20
County Wiscomit Et.	Registration Dist. No. 333
Village or City May & alex hours	No. St., Sward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 5 yrs	
2. FULL NAME David P. Denniel	
(a) Residence: No. Salisbury, B. F. J.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 30 .1934
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	I HEREBY CERTIPY Thet I attended deceased from
	Jeenay 37, to Klay 30, 1954
6. DATE OF BIRTH (month, day, and year) Feb. 22 1869	I just saw have alive on Alloy 30 /, 193 /; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 21/0_A.m.
62 3 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Sumburance 9. Industry or business in which work was done, as SILK MILL	Mital Requestation 1933
9. Industry or business in which	and the same
SAW MILL, BANK, etc.	(Pugue / setris 30/3/a
11. Total time (years) this occupation (month and year) year) occupation 20	
12. BIRTHPLACE (city or town) Near Wango	Other Cuntributory Causes of Importance:
(State or country) mary land,	
13. NAME George W. Dennis	
13. NAME Sevice V. Dennis 14. BIRTHPLACE (city or town) Near Lawellville	Name of operation Date of
(State of Country) Maryeana	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Laura M. Wimbrow	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Laura M. Wimbrow 16. BIRTHPLACE (city or town) - Hear Wango	Accident, suicide, or homicide? Date of injury, 19
(State or country) Maryland	Where did injury occur?
17. INFORMANT MINE (C) VIII B. H. Learns (Address) Co. M.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (X (V X AD X AD A) A D A/A. IJ A YS . A	
(Address) Challyny ma R. 75.3 18. BURIAL, CREMATION, OR REMOVAL DO Z. P.M.	Manner of injury
The state of the s	Manner of injury
18. BURIAL, CREMATION, OR REMOVAL Place Classons Cens. Dete June 1 , 1934. 19. UNDERTAKER The Hill & Johnson Co,	Nature of injury 24. Was disease or injury in any way related to occupation of decease.
18. BURIAL, CREMATION, OR REMOVAL Place Darsons Cens. Dete June 1 , 1934.	Nature of injury

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

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STATE OF M	IARYLAND—	CERTIFICATE OF DEATH	5368
1. PLACE OF DEATH		107: 1	111
County Vicongico	0 /	Registration Dist. No.	53
Village or City Salushury	ing.	No. 1. S. Hyspetel St., 1	3 Ward
Length of residence in city or town where eath occu		death occurred in a horpital or institution, give its NAME instead of street and nds. How long In U.S. if of loreign birth?	
2. FULL NAME Clarence	Evana	2 1	
(a) Residence: No. Marcha	Springs /	Mal. Ward.	
(U	ual place of abode)	If nonresident give city or town and S	State
PERSONAL AND STATISTICAL I	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male White 12	LE, MARRIED, WIDOWED, WORCED (write the word)	21. DATE OF DEATH 20 72 (Month) (Day)	193_ / (Year)
HUSBAND of (or) WIFE of	0	22. HEREBY CERTIFY, That I attended of	
1/2	1-2-1890	may 9 ,19 34 , to may 20	
DATE OF BIRTH (month, day, and year) AGE Years Months	Davs II LESS than	to have occurred on the date stated above, at 8 Q m.	; death is said
AGE Years Months	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
73 0	/ O ormin.	ware as follows: alcoholic delerium Tremens	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. 9. Industry or businass In which work was done, as SILK MILL, SAW MILL BANK, etc. 10. Dato daceased best worked at the security	mu	altono a agreram i remeno	may 1
9. Industry or businass In which work was done, as SILK MILL, SAW MILL_BANK, etc.			
10. Dato dacease test worked at this occupation and 1939	1. Total time (years)		
1 march	· serine	Other Contributory Causes of Importance:	Dec. 14
2. BIRTHPLACE (city or town) (State or country)	P	armetro (neuma	7//
13. NAME Mormay 1	gain		
14. BIRTHPLACE (city or town)	religa you	Date of	
(State of country)	mer.	What test confirmed diagnosis?	utopsy?
15. MAIDEN NAME Mary	Hurley.	23. il death was due to external causes (VIDLENCE) fill in also tha loliowing	
15. MAIDEN NAME May E. 16. BIRTHPLACE (city or town)	het 1	Accident, suicide, or homicide? Date ol injury	, 19
(State or country)	land	Whera did injury occur? (Specify city or town, county and State	
7. INFORMANT Cathur /E (Addrass) Madela	any Med	Specily whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLA	ČE.
8. BURIAL, EDEMATION, OR JEMOVAL M. Date	May 22,39	Manner ol Injury	
9. UNDERTAKER Hollogray &	Co A	24. Was disease or injury in any way related to occupation of dacaased?	no
(Address)	TANK A GLAND		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	di di	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC	DNAL SPACE FOR FURTHER STATEMENTS BY PHY	SICIA	N
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05369
1. PLACE OF DEATH	9
county wroning	A Registration Dist. No. 333
Village or City Sulishing and	No. Pen. Yew Hospitals 13 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
dength of residence in city or lown where death occurred yrs mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Infant & assett	
(a) Residence: No. Bell my	St., Ward.
(Usual place of abode) ' PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Y OR DIVORCED (write the word)	May & 193 4
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of not married	22. A I HEREBY CERTIFY. That I attended deceased from
	may 6 1934, to may 8, 1994
6. DATE OF BIRTH (month, day, and year)	I last saw hes alive on May 6 , 19 34; death is said
7. AGE Years Lie Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above at
or	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	C+ 10 B
SAWYER, BODKKEEPER, etc. 9. Industry or business in which	Out 19am
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceesed lest worked at 11. Total time (years)	
this occupation (month and spant in this occupation	
12. BIRTHPLACE (city or town) Salesbury	Other Contributary Causes of Importance:
(State or country)	
13. NAME Cetter arringan	
14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country) Danseling had	What test confirmed diagnosis?
15. MAIDEN NAME addie many Fassett	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Page O And	Accident, sulcide, or homicide?Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Sara Fassit Col	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HDME, or in PUBLIC PLACE.
(Address) Beiln ma	
18. BURIAL, CREMATION, OR REMOVAL MAL Date May 8, 19 34	Menner of Injury
Place Date May 0, 19 34	Nature of injury
19. UNDERTAKER & W Bullage + 10	24. Was disease or injury in any wey related to occupation of deceased?
(Address) (Serly Rg	If so, specify
20. FILED May 8, 1934 & May Junes	(Signed) 4 Hullar Co. M. D.
Registrar.	(Address) Court 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
-, more viants are neutro, autress State Registrar,	-422 AT. Commission, Dammore, Acquesting U. J. IVO. I.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II .			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUPEAU V. g.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

ARGIN

V. S. No.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE	OF	MARYI	AND-	CERTIF	ICATE	OF	DEATH
			AIID	CLIVIII	IUNIL		

05371

1. PLACE OF DEATH	93.0
County Will mucq	Registration Dist. No. 33/
Village or City Jaskind Med	NoSt.,War
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In the or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Cornest & Algern	
(a) Residence: No. Tolara, eld.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	may 18 1034
mail while married	(Month) (Day) (Yeer)
I. If married, widowed, or divorced HUSBAND of	22 LUEDEDY CEDTIEVE THE LONG OF CONTRACT
(or) WIFE of Market Harry	1 HEREBY CERTIFY That I attended deceased fro
Charles I was to	, 19 , to , 193/
DATE OF BIRTH (month, day, and year) and 18 12	I last saw h
AGE Years Months Days If LESS than	to have occurred on the date stated above, at
6/ 9 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8 Trade profession or particular	were as follows. Date of onse
kind of work done, as SPINNER, January	
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.) Head
10. Date deceased last worked at 11 Total time (years)	Grimany Cause: Chronic myocardities
this occupation (month and year) spent in this 4 0 occupation 4 0	Chep Company
· O /	Other Contributory Canses of Importance:
2. BIRTHPLACE (city or town) Warran	
(State or country)	
13. NAME John Heaven	,'
A Klune	
13. NAME 14. BIRTHPLACE (city of town) (Stale or country)	Name of operation
1 /2 /2 -10	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Ilely Yealling	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Electra	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
Made Marie Himan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
(Address)	Specify whether injury occurred in MODOSTKI, in NOWE, of in PODEIC PEACE.
B. BURIAL, CREMATION, OR REMOVAL	
Place Place Place Place ment 20, 1914	Manner of injury
Place	Nature of injury
9. UNDERTAKER ANTA COMPLEASE OF ACTU	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
ma 10 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Signed) Dalla Sella M.
o. FILED May 20, 1934 P. Woodford Walter	
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	And the second s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	- on was
1. PLACE OF DEATH	23	0310
County Wilsmicp	Registration Dist. No. 33	2
Village or City Puttouille, Md.	NoSt.,	Ward
Length of residence in city of town where death occurred 5 yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and nu	
2. FULL NAME YOCOV: Gilliss de	ones.	
(a) Residence: No. Puttaville	St Ward.	
(Usual place of abode)	If nonresident give city or town and S	laic
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Journ & Ellen Yours	22. I HEREBY CERTIFY, That I attended de	eceased from
6. DATE OF BIRTH (month, day, and year) Oct 29 (1848	Hart saw harmalive on Many 3 184:	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, etm.	
85 6 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	0
R Trade profession or particular		Oato of onest
kind of work done, as SPINNER, Tormer SAWYER, BODKKEEPER, etc.	Severeles pulcumana	11950
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at 11. Total time (years)		
ID. Date deceased last worked at this occupation (month and nov 15 spent in this year)		
12. BIRTHPLACE (city or town) Mr. Powellwille	Other Coutributory Causes of importance:	
(State or country) ML-	Huger Leclisioner	1900
13. NAME John Fr. gones	Julaculoin	
14. BIRTHPLACE (bity or town)	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an aut	opsy?
15. MAIDEN NAME Nancy forllingham	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Yhris Wm Henry Bullinghi (Address) Cite file ma.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
19. UNDERTAKER Um. Boward Hell:	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	
(Address) Cillarll md	If so, specify	
20. FILED May 4,1934 Sillian R. Davis	(Signer) (Address) (Address)	м. D
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	l li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

=	
0	
No.	
vi	
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1. PLACE OF DEATH	(92-0)
County Mi Cymus	Registration Dist. No.
Village or City Feeling 1 4.	Moderated St., St., St., St., St., St., St., St.,
Length of residence In city or town where death occurredyrsmo	ds. How long in U.S. if of foreign birth?yrsmos
(a) Residence: No. Jeffen Faminal, 200	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4, COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Colonel Sylverite the word)	May 2 , 193 f. (Day) (Year
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased
(or) WIFE of	Jan 3/ 1934 to lucy 27 193
6. DATE OF BIRTH (month, day, and year) 869 Muchune	Niast saw h zim alive on zucay 27 1974; death is
7. AGE Years Months Days If LESS than	To have occurred on the date stated above, at 5 A m.
l day, His.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance
8. Trada, profession, or particular	were as follows: Dats of
o kind of work done, as SPINNER, July	m be the
9. Industry or business in which	
work was done, as SILK MILL, Jobann	
This occupation (month and 0) I am Spellt III this / D.	
year) occupation After	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) June (Comp)	Pulmman ordering
(State or country)	
II 13. NAME	
14. BIRTHPLACE (city or town). Maryland	Name of operation Date of
(State of country)	What test confirmed diagnosis? Classical Was there an autopsy?
15. MAIDEN NAME LENGTH 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOL ENCE) fill In also the following:
	Accident, suicide, or homicide?
E (Stata or country) was plant	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Py Harlallal (Address)	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Mannar of injury
the Plage wow I Miss Pate May 14, 1934	Nature of injury
19. UNDERTAKED SQUARE STEER LAND	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 27, 1934 & May Junes	If so, specify (Signed) All Minimum
. Registrar.	(Address) Authoring West

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. B.			
Other contributory eauses of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

ADDITIONAL SPACE FOR FUR'	THER STATEMENTS BY PHYSICIAN
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V. S. No. 1

item of infor-

1. PLACE OF DEATH	AND CERTIFICATE OF BEATT
County Millomico	Registration Dist. No. 333
WITHIN GON VERATO. O	100 Catherine
Village or City Salesliery	No. / L. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Of all The Land	.0.
the second secon	Fore 123 St. 9 Ward.
(a) Residence: No. Solution (Usual place of abod	
PERSONAL AND STATISTICAL PARTICUL	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, VOR DIVORCED (write	
female dia, Michau	(Month) (Dey) (Year)
Sa. If married, wildowed, or divorced HUSBANO of (or) WIFE of Olfred Layleld.	22. CHEREBY CERTIFY. That I ettended degreased from
affect	Hast saw here alive on Than 140 1934; death is said
7. AGE Years Months Days If	
	LESS than to have occurred on the date stated above, atm. Y. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	min. were as follows: Oate of one et
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mikeus Salatan 4
9. Industry or business in which	yours Successors
Work was done, as SILK MILL, SAW MILL, BANK, atc.	
5 10. Oate deceesed lest worked at 11. Total time (ye.	Hore
this occupetion (month and spent in the year) 1/2/2 occupation	Telper
12. BIRTHPLACE (city or town) Sassue fill	Other Coutributory Causes of importance:
(State or country)	
W 13. NAME Elegalo Racers	
13. NAME Lefal Names 14. BIRTHPLACE (city or town) Samue fyill	Name of operation
(State or country)	What tast confirmed diagnosis? Was there an aulopsy?
15. MATOEN NAME Melelda Belly	23. If death was due to external causes (VIOLENCE) fill In also the following:
H - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Accidant, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town)	Where did injury occur?
On On 11	(Specify city or town, county and State)
17. INFORMANT (So. 4) (asy to be a line of the line of	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manuar of licium
Place faundon Clean, Octo May	Anner of injury Nature of injury
las di Xlora +	
19. UNDERTAKER TUS Y SULLAS (Address)	24. Was disaase or Injury In any way ralated to occupation of deceased?
12 15 211 0, 100	1322 810.
20. FILEOMAY 1, 19 ST S. Myay In	Registrar. (Addrass) Allisbury T. A. D.
If more blanks are meded address 5	

STATE OF MARYLAND—CERTIFICATE OF DEATH

115271

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastrocnteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PR	PHYSICIAN
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1. PLACE OF DEAT

Date of onset

Registration Dist. No. How long in U.S. if of foreign birth?_____yrs.____mos.___

If nonresident give city or town and State

(Dev)

RT MY. Thet attended deceased from

The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance

Neme of operation

----- Was there en eutopsy?___

23. If deeth was due to externel couses (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide?______ Dete of Injury______ 19_____

(Specify city or town, county and State)

(Signed) (Address

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example 1	The state of the s	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BA/PEAU VES			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	_1		

infor-

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Example I	10	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

ARG	UNFA	upplied
F)	WITH	efully s
	N. BWRITE PLAINLY, WITH UNFA	mation should be carefully supplied
	E PLA	should
0.1	-WRIT	mation
V. S. No. 1	N. B.	(

A-	STATE OF MARYLAND	CERTIFICATE OF DEATH U5377
UP	1. PLACE OF DEATH	Wa 11-a
000	County//come to	Registration Dist. No. 333
Ju /	Village or City Salestry // 4	No. / Batella St., 9 Ward
1		death occurred in a horpital or institution, give its NAME instead of street and humber) ds. How long in U.S. if of foreign birth?
nen	2. FULL NAME Slorge Walte May	in 1
staten	(a) Residence: No Multi habilla	St. 9 Ward Saluty Med
120	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
展	3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DAYORCED Currie the words	21. DATE OF DEATH May 22 193 4
ed.	5a, If married, widowed, or divorced	(Month) (Day) (Year)
classified	HUSBAND of Kurry E. Mayore	22. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) ages. 09. 1887	I last saw h alive on 24 19 34 death is said
cat	7. AGE Years Months Days, If LESS than	to have occurred on the date stated above, all m.
properly certificate.	47 0 13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be proof	8. Trade, profession, or particular kind of work done, as SPINNER. Property of SAWYER, BOOKKEEPER, etc.	Brond Poren Date of one of the
may b	SAWYER, BOOKKEEPER, etc. 9 industry or business in which work was done, as SILK MILE	
	SAW MILL, BANK, etc.	
0 0	10. Date deceased with worked at this occupation was a spent in this occupation.	
	12. BIRTHPLACE (city or NOWN) Salvellery G.	Other Contributory Causes of importance:
s, so ructi	(State or country)	Influence - hospital
terms, instr	13. NAME Sylverty Mayor	
45 %	14. BIRTHPLACE (City or town) Marolelas	Name of operation
- 60	(State or country)	What test confirmed diagnosis? Was there an autopsy?
EATH in p important.	15. MAIDEN NAME Makela Bedsur	23. He leath was due to external causes (VIOLENCE) fill in also the following:
Orta	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
DEATH y impor	(State or country)	Where did Injury occur? (Specify city or town, county and State)
A	17. INFORMANTULY CONTROL OF STATE OF ST	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
AUSE ION is	Place Memorial Carplempate May 24, 19 5	Nature of Injury
CAUS	19. UNDERTAKER Holling & Comment	24. Was disease or injury in any way related to occupation of deceased?
T	(Address) July 1	If so, specify
	20. FILED May 271957 J. May hume	(Signed) M. D.
	If more blanks are needed, address State Registrar.	2411 N Charles Street Relaimore Paquethna 71 S No.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECCIVED.	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 6: 1936	July 5,1927	Peritonitis	3 days ago
	L. DEVILVE			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

nfor state PA		CERTIFICATE OF BEATTI
CC		Registration Diet No. 332/
30		
	(If	NoSt.,Wal death occurred in a hospital or institution, give its NAME instead of street and number)
INS ent		ds. How long in U. S. if of foreign birth?yrsmos
CCI W	2. FULL NAME Toleaster Offen Maca	
XSI.	(a) Residence: No. / leas lawore hung	
O H t		
RE Exa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Length of residence in city or town where death occurred only yrs. mos. 2. FULL NAME 2. FULL NAME (a) Residence: No. New Mark (b) Length of residence in city or town where death occurred only yrs. mos. (b) Length of residence in city or town where death occurred only yrs. mos. (c) Residence: No. New Mark (c) Residence: No. New Mark (d) Residence: No. New Mark (e) Residence: No. New Mark (i) Residence: No. New Mark (ii) Residence: No. New Mark (iii) Residence: No. New Mark (iiii) Residence: No. New Mark (iii) Residence: No. New Mark (iii)	(Month) (Day) , 193 4	
fied	5a If married widowed or diversed	
AA (assi	(or) WIFE of Mary Virgin Nace.	Mau
F		- Mait-
Pl d l erly cat		4-8
S A sate		The PRINCIPAL CAUSE OF DEATH and related causes of importance
**	8 Trade profession or particular	Date of one
30	F SANTER, BOOKREEFER, etc.	(areuma)
nay nay	9. Industry or business in which work was done, es SILK MILL,	Prostate 193
Sh it sh	10. Dato deceased last worked at 11. Total time (years)	
- G	Spellet II this	
IN A Tion	12. BIRTHPLACE (city or town) - hear Sealers	Other Cuntributury Causes of Importance:
ed. s, s truc	(State or country)	
NF oplii or insi	13. NAME allen hace.	
sul sul see	14. BIRTHPLACE (city or town) reas Section	Name of operation Date of
F 45 45	(State of country)	What test confirmed diagnosis? Was there an autopsy?
W efu in ant	I	
cal TH	O 16. BIRTHPLACE (city or town)	
	Midaw VIII VIaca	(Specify city or town, county and State)
uld uld r		Specify whether injury occurred in INDOSTRY, In HOME, OF IN PUBLIC PLACE.
		Manner of injury
SE	Place accounting them Date May 8 Dt., 1934	
WR lati	19 UNDERTAKER Way How small Weller	24. Was disease or injury in any way related to occupation of deceased?
LEOF	The state of the s	If so, specify Q
	20. FILEMay 7 1934 dillian R. Davis	(Signed) Search T/ System M.
4		The state of the s
*	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

AARGIN RESERVED FOR BINDING

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4.3

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 05380
1. PLACE OF DEATH W. 13	arm a
County McCome lo	Registration Dist. No. 333
Village or City Saluty My,	No. P-5- Hoyat 3 St., / 3 Ward
Length of rasidance in city or town where death occurred yrs mos 2. FULL NAME Bay of Clarence	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foraign birth?
(a) Residence: No. 1 24 44 4, Mathematical Management (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OR RACE OR DIVORCED (write the word) Sa. If married, widowad, or divorcad	21. DATE OF DEATH May, 17, 193 (Month) (Day) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That i attended daceased from
6. DATE OF BIRTH (month, day, end year) May 17. 1934	1 1 1 1 1 1 1 1 1 1
7. AGE Yaars Months Days If LESS then 1 day,hrs.	to have occurred on the data stated above, at 1.03 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc.	Still Fare
S. Hade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc	
10. Date daceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
13. NAME Claren & Intlit	
13. NAME Clarence Millett 14. BIRTHPLACE (city or town) Saluthy Mel	Name of operation Date of
	What tast confirmed diagnosis? Wes thera an autopsy?
15. MAIDEN NAME Marka Harks 16. BIRTHPLACE (city or town) Saluthy Mark (State of country)	23. if daath was due to extarnal causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicida?, 19, Whare did injury occur?, 19
17. INFORMANT Mr. Clavenge Mifletty (Address) RD # 4. Sality md	(Specify city or town, county and State) Specify whethar injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date May. 19,1934	Manner of Injury
19. UNDERTAKER It allowat 6. (Addiess) Saluty mg.	24. Was disaase or injury In any way related poccupation of deceased?
20. FILED May 1994 & May Justier Registrar.	(Signed) M. D. (Addrass) Salisbury M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting T) S. No. 1

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Example 1	- 1	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1' year	

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	-ch.) (205:m)
County Mi Comile	Registration Dist. No. 333
Village or City Salishing Md.	" P.S Horas El 13
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredyrsmos	
2. FULL NAME Ivor Manson	Parson
(a) Residence: No P.O.#3 Salitury Md.	St. 5 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SIX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH
Male Mule single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
10et 8 1907	
6. DATE OF BIRTH (month, day, and years	to have occurred on the data stated above, at 924 m.
96 7 1.2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importence
8. Trada, profession, or particular	were as follows:
kind of work done, as SPINNER, Jalyan SAWYER, BDDKKEEPER, etc.	Circuformel fraction of shall
9. industry or husiness in which	- 1 warmaner
work was done, as SILK MILLA STATE Clouds Con	7,
I - I Child occupation Million Charles Charl	
year) occupation occupation	Dther Cantributory Causes of importance:
12. BIRTHPLACE (city or town) AD. # & Selection	Short
(Stata or country)	
13. NAME AME M. Pardore 14. BIRTHPLACE (city or town) ID. # 3 Safring	
14. BIRTHPLACE (city or town) YD. # 3 Salitury	Name of operation 2000 Date of
(State of country)	What test confirmed diagnosis? Classical Was there an autopsy? 200
15. MAIDEN NAME Otive a Pledere 16. BIRTHPLACE (city or town) P.D. # 3 Jahrshy	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) 18.0.#3 Jahrshay	Accident, suicide, or homicida? Consider Date of injury Acay 24 19 3 16
X (State or country)	Where did injury occur? at State wheep, Salisting met
17. INFORMANT Mrs O Ceria Parson	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) R.D. #3 Sahilong Md.	Industry
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Proper Light of Shingh River
Place Place 19-19-19-19-19-19-19-19-19-19-19-19-19-1	Nature of injury Broken and & fractured should
19. UNDERTAKER ATTCOMENT + Co.	24. Was disaase or injury In any way related to occupation of decaased?
(Addrass) Jahobuf Mayland	If so, specify
20. FILED May 23,193/4 & May June	(Signed) M. D.
Registrar.	(Address) Sulisbury Hed
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of importance were as	of death and related causes s follows:	76-0	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ıritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	A STAN THE SECOND	July 5,1927	Peritonitis	3 days ago
	BURGALL V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE O	F MARYLAND	CERTIFICATE OF DEATH	05382
EATH	Dr. J	all. (131)	
Come Co	2 0 1	Registration Dist. No.	3.3.3
Sabil	my Md.	No.310 Me Comi la al	3 Ward
in city or town where d	14 .35 (IF	death occurred in a hospital or institution, give its NAME instead of street and	number)
in city of town where d	embloccurred yrs mos	ds. How long in U.S. if of foreign birth?yrsr	nosds.
July Mi	a com	arom poil &	1
0.3/0/1/	(Usual place of abode)	St., 13 Ward. Jahrhy Mc	
AND STATISTI	CAL PARTICULARS	If nonresident givetity or town an MEDICAL CERTIFICATE OF DEATH	d State
LOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DESCREED (wring the work)	21. DATE OF DEATH	
thit-	OR DIVORCED (write the word)	May. 26	. 193 4
divesced		(Month) (Day)	(Xear)
enin	a. Param	24. HEREBY CERTIFY, That I attended	deceased from
9,	mc @ 181-1	19 7, to 1/19 2 3	19.3.
, dey, and year) Months	1.81806		_; death is sald
Mouths	Days If LESS than I day,hrs.	to have occurred on the dete stated above, at 3 3 4 cm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
or particular	O ormin.	were as follows:	Date of onset
one, as SPINNER, KEEPER, etc.	forme mix	therma	5-20.34
ss in which as SILK MILL, IK, etc	of home		
worled et / / / menth apd	11. Total time (years) spent in this occupation		
was Sale	hus a 1	Other Contributory Canas of Importance:	
0	1/ml	Sea - De planting	
Im a	dame	Social Enterior	
or town	ituy a	Name of operation Dete of	
y)	1/2/11/4	What test confirmed diagnosis? Wes there an	eutopsy?
Elization	A //fillian	23. If death was due to external causes (VIOLENCE) fill in also the following	
r town	rychy,	Accident, suicide, or homicide? Date of injury	
y)	9.	Where did injury occur?	
Miconi	adonath	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
R REMOVAL	M. 18 /2	Manner of injury	
- un.	Date May 28, 19 /3	Nature of injury	
Clongyt	200	24. Was disease or injury in any way related to occupation of deceased?	

V. S. No.

infor

1. PLACE OF DEATH

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	FURTHER STATEMENTS BY PHYSICIA	FURTHER	FOR	SPACE	ITIONAL	ADD
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

61	P.	2	0	4	
U	U	0	0	1	

I PLACE OF DEATH		(40)	
County Willowick	A0+00+00000000000000000000000000000000	Registration Dist. No.	3.1
Village or City Rockanvalla	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	NDSt.,St.,St.,St.,St.,St.,St.,St.,St.,	Ward
Length of residence in city or town where death occur		ds. How long in U.S. If of foreign birth?yrs.	
2. FULL NAME Mattie 70	Robertse	274	
(a) Residence: No. / Nocheas	ralbonia	St., Ward.	
	al place of abode)	If nonresident give city or town as	nd State
PERSONAL AND STATISTICAL P		MEDICAL CERTIFICATE OF DEATH	
or Di	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH	193 4
a. If married, widowed, or divorcad HUSBAND of	0 1-		(year)
(or) WIFE of Carllon (10	berken	22. I HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year)	127 1887	I last saw h alive on Ducay 5 1933	, death is said
7. AGE Years Months Da	ys If LESS than	to have occurred on the date stated above, at 4.2 = m.	
321	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related gauses of Importanca were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	a rough	Corcumina of orumba	
9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc			
10. Date deceased last worked at this occupation (month and yaar)	Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) - Pockasi	alking	Other Coatributory Causes of importance:	
(State or country)	1-11-		,
13. NAME Marles H	ights		
13. NAME 14. BIRTHPLACE (city or town). (State or country)	Still	Name of operation and dominate section. Date of	der 15 7;
15. MAIDEN NAME MALL 4	94-611	1/4	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	ntico	23. If daath was due to external causes (VIOL ENCE) fill in aiso the followin Accident, suicide, or homicide?	-
(State or country)	2414	Where did injury occur?	
17. INFORMANT - Calletter Rafe (Address)	ertoen	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CREMATION, OR REMOVAL	- Conty	Manner of injury	
Place Colony Wy Bate 2	may/2., 1934	Natura of injury.	
19. UNDERTAKER Massey	ft Sons	24. Was disaase or injury in any way related to occupation of deceased?	2ns
20. FILED May 10, 1934 Mrs	In Wal	(Signed)	
//	Registrar.	(Address) . (Address)	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	V
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

ARGIN

S. No.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23) hh
County///Come lo	Registration Dist. No.
Village or City Saluday Ma	No. 16, 10, 14 3 St., 5 W
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
ch 1 cnn n	nosds. How long to U.S. If of foreign birth? yrs. mos
FULL NAME Sarah Clem 13m	ion mak
(a) Residence: No. 12 - # 3 Saluty M (Usual place of abode)	St., S Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mal White OK by ORCED (write the ford)	may - 16 193 4
married, widowed, or divorced	(Month) (Dey) (Year
or) WIFE of 9 tarrey a. Russe	22. I HEREBY CERTIFY, Thet I ettended deceesed
	May 6 ,1934 to May 16 ,193
TE OF BIRTH (month, dey, end yeer) / May 38 - / 9/4	liest saw h elive on 2007, 19.30; deeth is
Years Months Pys If LESS then	to heve occurred on the date steted above, at 4.36. P-m.
22 / / or min.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Vulsuagen helandono
Industry or business in which	(Has been to Sunstine
work was done, es StLK MILL, SAW MILL, BANK, etc	
D. Dete deceesed last worker et II. Totel time (years)	
this occupetion minimand 733 spent in this occupetion	
THPLACE (city or town) Salisty	Other Contributory Causes of importence:
(State or country) Maylon	
3. NAME John a. Bufton	
I. BIRTHPLACE (City or town) Buttertons	Neme of operation
(State or country) Mayland,	What test confirmed diagnosis? Chicago Wes there an autopsy? 2
5. MAIDEN NAME UNNIL B. Bennet	23. tf death was due to externel ceuses (VIOLENCE) filt to also the following:
16. BIRTHPLACE (city or town) / hehmon	Accident, suicide, or homicide? Date of injury
(State or country)	Where did injury occur?
FORMANT Harry a. Ruak	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) RD-#3/Saluty md.	
IRIAL, CREMOTION, OR REMOVAL	Menner of injury
Plece Date Date 193	Nature of injury
NDERTAKER Stellown + to 4	24. Wes disease or injury in any way releted to occupation of deceased? 200
(Address) Salety Ma,	If so, specify
11.	WILL X
FILED May 18 1934 & May Junes	(Signed)

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	i	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V, S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY	YSICIAN
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should state PERMANENT RECORD. Every item of infor-OCCUPA-1. PLACE OF DEATH County____icomTco ardela near Village or City PHYSICIANS Length of residence in city or town where death occurred 58 2. FULL NAME Laura A. Shockley (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, CTLY. OR DIVORCED (write the word) Female Mite vido. 5a. If married, widowed, or divorced HUSBAND of Jackson Shockley (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Days Months If LESS than 1 day.____hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House OCCUPATION 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... it may 10. Date deceased last worked at this occupation (month and 11. Total time (years) spent in this 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) should be carefully MOTHER very important. 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL -WRITE TION IS mation CAUSE Gravenor & Bro 19. UNDERTAKER (Address) 20. FILED May 37 , 194 Registrar. If more blanks are needed, address State Registrar,

STATE OF MARYLAND—CERTIFICATE OF DEATH 05387

(82-E)		9	25
	Registration Dist.	No. 2	30
No.			Ward
death occurred in a hospital or institution	n, give its NAME inst	ead of street and i	number)
ds. How long in U.S. if of f	oreign birth?	_yrsm	osds.
St., Ward.	K		
MEDICAL CEL	If nonresident give of RTIFICATE OF		State
	KIIFICATE OF	DEATH	
21. DATE OF DEATH	uel .	24	4.
	(Month)	(Day)	, 193 (Year)
<u></u>	//		(1,001)
22. I HEREBY		That i attended	deceased from
may / 8	D. 4., to		, 19
I last saw I alive on	nay ve		; death is said
to have occurred on the date stated a	bove, at 09.	.m,	
The PRINCIPAL CAUSE OF DEATH	and related causes of I	mportance	
Carchal	Thrones	besses	Date of onset
Other Contributory Canses of importa			
araris Le	urnse	7	************
Name of operation			
What test confirmed diagnosis?			
22 16 death and death and death	4444	was there an at	ropsy/
23. If death was due to external causes			
Accident, suicide, or homicide?	Date o	f injury	, 19
Where did injury occur?	(Sacrifu nitus an tarre	16.	
Specify whether injury occurred in IN	IDUSTRY, In HOME, o	r in PUBLIC PLA	CE.
Manner of injury			
Nature of injury			
24. Was disease or injury in any way i	related to occupation o	of deceased?	
If so, specify	value.		
(Signed)	year	A	M. D.
(Address)	warps	omite	4
411 N. Charles Street, Baltimore, Reque	ting 9) S No .		-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
May 11 8. 2.	3)			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	<i>y</i>		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	05389
1. PLACE OF DEATH	WALK OF STREET	B	100000
County Wie au	,00,	Registration Dist. No.	333
Village or City Salis	en lid	No Par Dail. Horgan	Southard
Length of residence in city or town where de		death occurred in a hospital or institution, give its NAME instead of street a	
2. FULL NAME TO alexa	T Quenna	Chill lond	
(a) Residence: No.	0, 11,0	St. Ward.	
	(Usual place) f abode)	If nonresident give city or town	and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
Tomale Col.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attend	led deceased from
m	- 1.1 3.	, 19, to	
6. DATE OF BIRTH (month, day, end year) 7. AGE Months	Days If LESS than	I last saw h elive on	; death Is said
Shul Lun	1 dayhrs.	to have occurred on the date stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.		Ship sterie	Date of onset
SAWYER, BODKKEEPER, etc.	**-**		
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc			
10. Date deceased last worked at this occupation (month and	11. Total time (yeers) spent in this occupation		
Kalisbury D		Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)		Diago- of	
	301-00.		
= -	12 11 cat.		
4. BIRTHPLACE (city or town) (Stete or country)	- wr) 0 at,	Name of operation	
	Was I ask	What test confirmed diagnosis? Was there	
E C	Ori Dos 1110	3. If death was due to externel causes (VIOLENCE) fill in elso the follow	
O 16. BIRTHPLACE (city or town) (State or country)	on rock mid	Accident, sulcide, or homicide? Date of Injury	, 19
17. INFORMANT Crima (Address) Alless	Thomas	Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	7. 11 -1	Manner of injury	
Piace Mendem	Date May 17, 1934	Nature of injury	
19. UNDERTAKER SAMMA	Thomas	24. Was disease or injury in any way stated a occupation of deceased?	
20, FILED May 17, 1934	May Tuener	If so, specify (Signed)	M. D,
1	Registrar.	(Address Johnson	hell
If more bl	lanks are reeded, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SP	PACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 05390
1. PLACE OF DEATH	
County Wiconio	Registration Dist. No. 332)
Village or City Wellands In	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME & no auto Jun	
(a) Residence: No. Atlanda	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH May (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from any 11, 19, 34 to 20 and 11, 19, 34
6. DATE OF BIRTH (month, day, and year) Am any 11-1934	I last saw have alive on Tray [1 , 19 34 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7. A m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	agophysiation in Date of one of may 11-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Wellands	Other Contributory Causes of importance:
(State or country)	
13. NAME Walter Jumpers.	
14. BIRTHPLACE (city or town). Powellie	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town). Portelevely	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
2 (State or country) 17. INFORMANT Walter Promis	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION OR REMOVAL	
Placed Perdue Cen Date May 12, 1954	Manner of injury
19 UNDERTAKER Howard wells (Address) Published mot	24. Was disease or Injury In any way related to occupation of deceased? Pro
20. FILED May 11, 1934 Tillian R. Savis Registrar.	(Signed) Atalland M.D. (Address) Bealing and
If more blanks are needed, address State Registrar.	700000

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Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH		(159)	110
County Wike Mun Co	<i>*</i>	Registration Dist. No.	9915
Village or City Salas Survey Length of residence in city or town where death occurre		No. Control of the co	nd number)
~ ~ ~	7,5		
(a) Residence: No. (Usual	place of abode)	WardS If nonresident give city or town	and State
PERSONAL AND STATISTICAL PA	-	MEDICAL CERTIFICATE OF DEATH	
III OR DIV	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attend	fed deceased from
6. DATE OF BIRTH (month, day, and year)	7,1934	I last saw hand ative on 27 193	death is sale
7. AGE Years Months Day	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 5 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and		Manualen hall	
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	Fotal time (years) spent In this occupation		
12. BIRTHPLACE (city or town) (State or country)		Other Contributory Causes of Importance:	
W 13. NAME & Denon Box	Spir T.S.	,	
13. NAME Some Son	0	Name of operation	f
(State or couptry)		What test confirmed diagnosis? Was there	an autopsy?
15. MALDEN NAME 16. BURTHPLACE (City of Youn) 17. INFORMANT 18. Drug 18. Drug 19. Address 19. Mann 19. Mann	Judica Ma	29. If death was due to external causes (VIOLENCE) fill in also the follow Accident, sulcide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	, 19 State)
18. BURIAL, CREMATION, OR REMOVAL Place Common Date Date Date Date Date Date Date Date	by 129,1939	Manner of Injury	
19. UNDERTAKER It olloway to Garage (Address) Salis Juan	pland.	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED May 29, 1934 V: Mi	y Junes F Registrar.	(Signed) (Address) and Address In	M. 1

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exaet

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied. AGE should be

TION is very important. See instructions on back of certificate.

statement of OCCUPA-

3 SEX A COLOR OF PACE E SINCLE MARRIED WIDOWED	M DATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(Usual place of abode)	If nonresident give city or town and State
(a) Residence: No. / 2/3 to Loahella	St., Ward.
2. FULL NAME John to Jomlins	owl 1-
Length of residence In city or town where death occurred 2 2 yrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Village or City Sals nothing	Res No.2/3 C. Sabellas St. 3 Ward
County Comico Sug	at O.S. Hospital Registration Dist. No.
1. PLACE OF DEATH	000000000000000000000000000000000000000
	CERTIFICATE OF DEATH 000000
STATE OF MADVI AND	CERTIFICATE OF DEATH U5392

County Cornico	- Died	at P.S. Hospital Registration Dist. No.	3.3.3
Village or City Salan		Res. No.213 C. Ssabellas	St. 13 Ward
Length of residence In city or town where	(1)	f death occurred in a hospital or institution, give its NAME instead of stre	eet and number)
Length of residence in city of town whare	daath occurrad Q. Q. yrsmos	sds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME John	Do Jomlins	ow.	
(a) Residence: No. 1213 to.	(Usual place of abode)	St., Ward.	
PERSONAL AND STATIST		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH 1	/
male White	OR DIVORCED (write the word) Married	May (Day)	, 193 (Yeer)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	en m. Tomline	22. I HEREBY CERTIFY. That I att	
6. DATE OF BIRTH (month, day, and year)	June 26, 1866	I last saw h un alive on lung 4 1	93 1/2; deeth is sald
7. AGE Yaars · Months	Days If LESS than	to have occurred on the date stetad above, at 5m.	
67 10	8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence ware as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER,	n. 1 +	Usuma	Oate of onset
SAWYER, BOOKKEEPER, etc.	(anufactuser)	acute mephritis: Auration , mel well	le.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc		Cuga	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Oata deceesed last worked at this occupation (month and year)	11. Total time (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) Pleas (State or country)	Larrel	Other Contributory Lauses of importence:	med
	Toulinson	by grantatic enlargements	
13. NAME homas 14. BIRTHPLACE (city or town) Dov (State or country)	t know.	Name of operations for free parties for Date	te or 13/39
	revergersely.	What test confirmed diagnosis? fluence fee Was the	era an autopsy? 240
15. MAIOEN NAME Lette	a cannon,	23. If death was due to external causes (VIOLENCE) fill in also the fo	
me I	ar Lasrel.	Accidant, suicide, or homicide? Date of injury	, 19
(State or country)	Des & D. ex.	Whare did injury occur? (Specify-city or town, county a	ind State)
17. INFORMANT MAS. XI allerige. (Address) 2/3 % To	Sulla St. Saliste	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBL	LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Salish	my 21 1/ A.M.	Manner of injury	***************************************
Place Larsons Cem. M	d. Oate May 1, 1934	Nature of injury.	
19. UNDERTAKER The Hill	& Johnson on	24. Was disease or injury in any wey related to occupation of decess	ed? Ev
(Addrass)	she and	If so, specify	VU1
20. FILED May 7 19 34 0F	The au Jumes	(Signad) Julius - le	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
El OFALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAN	ND-CERTIFICATE OF DEATH
1. PLACE OF DEATH	1. Mann (3)
county / lacoming	Registration Dist. No. 333
Village or City Salushing Mg	No. 7. 20. / St., 6 Ward
Length of residence in city of town where deeth occurred 2 Qyrs.	(If death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Mary anne) oursenel
(a) Residence: Noff-7-19. # Saluty	Mul St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	
3. SEN 4. COLOR OF RACE OR DIVORCED (write the	
5a. It married, widowed, or divorced HUSBAND of (or) WIFE ot	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) Fee 11. 183	I last saw harmalive on 193/; death is said
7. AGE Years Months Deys If LES	S than to have occurred on the dete stated above, et 5.36. Cm.
75 3 15 lday,	min. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, protession, or particular kind ot work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Dete deceased last worked at this eccuration of the company of the c	Jun Value Haut Sissens Cution
10. Dete deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Hear snow. He	Other Contributory Causes of importance:
(State or country)	1 - Chrome replants feature
14. BIRTHPLACE (city or town) Please Inon John	,
14. BIRTHPLACE (city or town) (Stete or country)	Neme ot operation
	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State of country)	23. If deeth was due to external causes (VIOLENCE) fill in also the tollowing: Accident, suicide, or homicide?
17. INFORMANT/Me night halfight (Address) Camelan are salth	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Con Date May 31	Manner ot injury
19. UNDERTAKER Hallong + to Carolina (Addiess) Salahan Marslan	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May 27, 1934 Or May Jun	(Signed) A Mon M. D. (Address) Davistar.
If more blanks are needed, address State.	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU ***	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

		\succ	
MARGIN RESERVED FOR BINDING	AINLY, WITH UNFADING INK-THIS IS A PERMANENT	d be carefully supplied. AGE should be stated EXACTLY.	DEATH in plain terms, so that it may be properly classified.
FUK L	IS A PI	stated 1	properly
7	HIS	be	be
SEKVE	NK-T1	plnous	it may
A 전 고	NG I	AGE	that
AARGIN	UNFADI	supplied.	terms, so
ľ	WITH	efully :	in plair
	INLY,	be car	EATH
	4	7	

1	STATE	OF MARYLAND-	CERTIFICATE OF DEATH	3201
	1. PLACE OF DEATH	,	95-0	JUUT
	County LATECT YOU	us	Registration Dist. No. 3	37
1/	Village or City	ite Haven	NoSt.,	Ward
1	Length of residence in city or town w	here death occurred S. 6 yrs. Z/34no	f death occurred in a horpital or institution, give its NAME instead of street and m	umber) sds
1	2. FULL NAME John	andrewhyn	inright	
	(a) Residence: No. 2/	hile Haven	St. Ward.	
Security	PERCONAL AND COAS	(Usual place of abode)	If nonresident give city or town and	State
3	SEX 4. COLOR OR RACE	STICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH	
	male white	OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 4/ (Year)
Ja	. If married, widowed, or divorced HUSBAND of (or) WIFE of	8 praincight	22. HEREBY CERTIFY, That I attended of	eceased from
6.	DATE OF BIRTH (month, day, and year)	9 une 30 184	I last saw hammalive on True 10 134	death is sale
	AGE Years Months		to have occurred on the date stated above, at	, 40411111
_	85 11	23 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of speed
LION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none	Chrome mysearching	Data of onset
CCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
00	10. Oate deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12	BIRTHPLACE (city or town) (State or country)	hile Haren	Other Coutributory Causes of importance:	
HER	13. NAME I ston 7	raincialt		
FATHI	14. BIRTHPLACE (city or town)	Whill Haven	Name of operation Date of	
_	(State or country)	Ma	What test confirmed diagnosis? Was there an au	toney?
OTHER	15. MAIDEN NAME MOSAL	Mathieux	23. If death was due to external causes (VIOLENCE) fill in also the following:	.00391
1O	16. BIRTHPLACE (city or town)	Thile Haven	Accident, suicide, or homicide? Oate of injury	, 19
_	(State or country)	- 1 Mg 00	Where did injury occur? (Specify city or town, county and State	
	. INFORMANT CALLED (Address)	the Navin Md	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	E.
18	BURIAL, CREMATION, OR REMOVAL	11/	Manner of injury	
1	Place State C	4Oate Truey 26, 19 14	Nature of injury	
19	. UNDERTAKER AND LIST (Address)	Mesquett Squa	24. Was disease or injury in any way related to occupation of deceased?	ne
20.	FILED May 26, 1934 &	P. Woolford Walte Registrar.	(Signed) Selishing	
	If n	nore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I	ED I	Example II	
The principal cause of death and related cause of importance were as follows: Arteriosclerosis	4 1 3	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5;1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 05395
1. PLACE OF DEATH	Mann (22-E)
County Helomile	Registration Dist. No. 333
Village or City Salishing MA	No. D. Dinarion St., 13 Ward
Length of residence in city on town where don'th occurredyrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
2. FULL NAME Corry James Ha	llace 1101
(a) Residence: No South Withsuin	St. 13 Ward Salishin Md.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DE YORCED (write the word)	21. DATE OF DEATH May . 15 193 4 (Yeer)
5e. If married, widowed, or divorced HUSBAND of (05) THEE OF UNNIL R. Halla en	22. i HEREBY CERTIFY, Thet I attended deceased from 19.3 3 to may 15 19.34
6. DATE OF BIRTH (month, dey, end yeer) May, 5-1866	I lest saw have elive on may 14 1935; deeth is said
7. AGE Years Months Deys If LESS than	to have occurred on the dete steted above, et 1.30 m.
68 # 10 10 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	7933
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this eccupation (month and	Certiford aubotion nw. 193
work was done, es SILK MILL, Oystuman	Thy ocards muffing Done 1932
11. Total time yeer this occupation (month and 93 11. Total time yeer) spent in the yeer operation	
Ως 9/1-	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) (Stete or country)	
13. NAME / Charl / Wallace 14. BIRTHPLACE (city or town) Warme June	Neme of operation
(State or country) may lad	Whet test confirmed diegnosis?
15. MAIDEN NAME Ly de al Walla en	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Lyde Wallace 16. BIRTHPLACE (city or Own). Dance high	Accident, suicide, or homicide? Dete of Injury19
(State or country) Mayloud.	Where did injury occur?
17. INFORMANT Mrs anning // Wallace	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) S. Dur. st. Saluty md.	
18. BURIAL, CREMATION, OR REMOVAL Place Jasons and 19, 34	, Manner of Injury
Place Dete 197, 19.57	Neture of injury
19. UNDERTAKER HARONAY. + G. (Address) Salada Imal	24. Was disease or injury In any wey releted to occupetion of deceased?
14 691 O Tree 01	If so, specify There & Mana
20. FILED May 1, 19 13 4 L. May Sume	(Signed) M. D. (Address) Jaluly md
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

	-WR matic	CAU
No. 1	J. E	Ö
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>	Z	1

	OF MARYLAND—	CERTIFICATE OF DEATH	05396
County Magnus		Registration Dist. No.	. 3.33
Village or City Julisbo		No Successed Secral Has for Street of death accurred in a hospitat or institution, give its NAME instead of street	
Length of residence in city or town where co	on Waters	sds. How long In U.S. If of foreign birtb?yrs	mos d
(a) Residence: No	(Usual place of abode)	Must, Ward. Survey Manufacture of the Ward. Wast, Ward. Ward.	n and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	гн
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	. 193 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria U	Paters	May 6 1934, to May 2	Ended deceased fro
6. DATE OF BIRTH (month, day, and year) 18	861 hot-hour	in last saw h line alive on many >8, 19	3 € ; death is sa
7. AGE Years Months	Days If LESS than 1 day, hrs.		
8. Trada, profession, or particular	ormin.	were as follows:	Date of one
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farmer	Constitus	
9. Industry or business in which			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11 7-4-14:	-	
this occupation (month and year)	11. Total tima (years) spent in this occupation lefe turi	9	
12, BIRTHPLACE (city or town) Tric	cos anne	Other Contributory Causes of importance:	
(State or country) Jonuer	set Colma		
13. NAME September 14. BIRTHPLACE (city or tawn)	Vaters		
14. BIRTHPLACE (city or town)	ices auce	Neme of operation frameworth exection	M /23
(State or country)	ret (md	What test confirmed diagnosis?	ra an autopsy?
15. MAIDEN NAME Hanna	de Nashwell	23. If death was dua to axternal causas (VIOL ENCE) fill in also tha fol	lowing:
16. BIRTHPLACE (city or town)	ices lime	Accident, suicida, or homicide? Date of Injury	, 19
(Stata or country) former	set to and	Where did Injury occur?(Specify city or town, county un	nd State)
17. INFORMANT MM. JO. (Address) Gringes	mee mid	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
18. BURIAL, CREMATION, OR REMOVAL TOO Place Truces and	May 30, 19 34	Manner of injury	
19. UNDERTAKER IIM Jan (Address) Fruices	ance and	24. Wes disease or Injury in any way related to occupation of decaase	d? 200
m ne ne	m. n	(Signed) Toleany Theolee	

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Example I	il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arlerioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

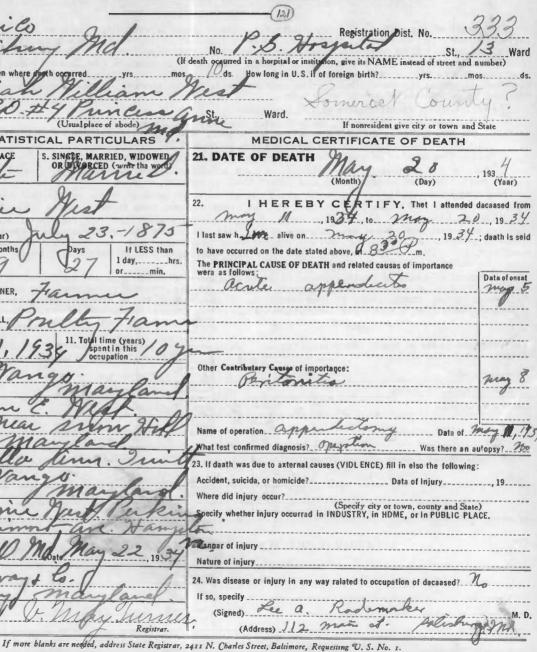
	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

1. PLACE OF DEATH

County 0

STATE OF MARYLAND-CERTIFICATE OF DEATH



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find-out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

certificate

back

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(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Address)

24. Was disease or injury in any way related to occupation of deceased?

Date of onset

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Example I		Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1910	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927		3 days ago
BUREAU V. S.	1.5		
Other contributory causes of importance:		Other contributory causes of importance:	=1==3
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

1. PLACE OF DEATH	F MARYLAND	CERMFICATE OF DEATH U539
County Llagonne Village or City	20	Registration Dist. No. 33
Length of residence in the or five veneral de	or yrs mos	f death occurred in a horpital or institution give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME (a) Residence: No. January	(Usual place of abode)	- St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED; OR DIVORCED (write the word)	21. DATE OF DEATH 5 26 193 9
Sa. If married, widowed, or divorced		(Month) (Oay) — Ye
HUSBANO of (or) WIFE of	Wilson	22. JHEREBY CERTIFY That I attended decessed 1934, to 5/26, 19
6. DATE OF BIRTH (month, day, end year)	767902	I lest saw h elive on Bean 26 ,193 4; death
7. AGE Years Months	Deys If LESS then 1 dey,hrs.	to have occurred on the dete stated above, at 3. P. m.
02	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	usewifa	Drieleny (Jet lepson
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked et		
O 10. Dete deceased lest worked et this occupation (month and yeer)	11. Total time (years) spent in this occupation	Other Contribution Contribution
12. BIRTHPLACE (city or town) / (State or country)		Other Contributary Canses of Importance:
13. NAME Greensleer	y Toeuseer	
13. NAME Secusion 14. BIRTHPLACE (city or town) (State or country)		Neme of operation Oate of What test confirmed diagnosis? Was there an autopsy?
# 15. MAIOEN NAME Success	-Vy ten	What test confirmed diagnosis?
16. BIRTHPLACE (city of town) (State or county)	10	Accident, suicide, or homleide? Sugard. Dete of Injury 5723, 19. Where did injury occur?
17. INFORMANT (Address)	elson	(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL PIECE STREET, N	Shre, 5-29, 1934	Menner of injury Frank lypore Neture of injury Fyoul Joseph
19. UNOERTAKER ALSSUED	reffice)	24. Wes disease or injury In any wey related to occupetion of deceased? here
20, FILEO May 2903/4 D	Maray June Registrar.	(Signed) Julian Lead
If more bla	inks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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